OFFICIAL CC 9208/0037 35 001 Page 1 of S. 80 1999-01-25 09:06:39 Filing Fee \$75 Cook County Recorder SUBMIT IN DUPLICATE! S014878 File# Assigned by Secretary of State GEORGE H. RYAN All correspondence - SECRETARY-OF STATE regarding this filing will - -STATE OF ILLINOIS be sent to the registered agent of the limited APPLICATION FOR ADMISSION partnership unless a self-TO TRANSACT BUSINESS addressed envelope with (foreign limited partnership) pre-paid postage is included. Limited partnership's name: J.A.J. Limited Princership The address, including county, of the office at which records required by Section 104 are to be kept is: (P.O. Box alone & c/o are unacceptable:) c/o APEX In /e:tment Partners, 233 South Wacker Drive, COOK-county Suite 9500, Chicago, IL 60606. Federal Employer Identification Number (F.E.I.N.): The limited partnership was formed in the jurisdiction of: <u>Delaware</u>

23.50

	Form P912 OFFIC (Rev. Jan. 1995)	IAL COP9772330	Page 2 of 2
Garage Control	9. Dissolution date: Perpetual or		8
	0. 2.3000, 0.000 all 1 (1.000)	(month, day, year)	<u>o</u>
	The Illinois Secretary of State is hereby process under the circumstances set	by appointed the agent of the limited partnersh forth in Section 909(b) of RULPA.	nip for Service of
	NAME(S) & BUSINESS AD	DRESS(ES) OF ALL GENERAL PARTNER	(S) 11 11 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15
:	General Partner's name	ohnson	
	Number/Streetc/o_APEX_Investme	nt Partners, 233 South Wacker Dri	ve, ste. 9500
	City/Town Chicago	***	
	State_TI.	Zip Code 60606	<u> </u>
	General Farner's name <u>David J. Jo</u>	phnson	
	Number/Street/o APEX Investme	ent Partners, 233 South Wacker Dri	ive, ste. 9500
	City/Town / Chicag 1		
	State	Žip Code 60606	
	General Partner's name		
	Number/Street		·
	City/Town		·
	State	Zip Code	
The undersigned	affirms, under penalties of perjury, that the fa	acts stated herein are true.	
The original appl	 ication to transact business must be signed b	y at least one general par ner	•
Signature	James a Jahren	m SO	_
	name and fitle		<u></u> :_
Name of Ge	fineral Partner if a corporation or other entity		<u>-</u>
		,	
(Signatures mus	t be in <u>BLACK INK</u> on an original document. (Carbon copy, photocopy or rubber stamp sign	natures may only
FORMS OF PA		RETURN TO:	
Payment must	be made by certified check,	Secretary of State Department of Business Services	
	Illinois attorney's check, Illinois	Limited Partnership Division	

DO NOT SEND CASH!

retary of State."

Room 357, Howlett Building Springfield, Illinois 62756 Telephone: (217) 785-8960